

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10845</u>	2. Fiscal Year Covered From <u>01</u> / <u>01</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing Name <u>Bobby J. Reed</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2022 Apache Drive</u> City <u>Carbondale</u> State <u>Illinois</u> ZIP Code + 4 <u>62901</u>	4. Name, file number, and address of labor organization Name <u>Operating Engineers 318 Apprenticeship & Advanced Training Fund</u> Labor Organization File Number <u>021088</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 308</u> Street <u>8963 Crenshaw Road</u> City <u>Marion</u> State <u>Illinois</u> ZIP Code + 4 <u>63959</u>
5. Position in labor organization <u>Joint Apprenticeship Training Coordinator & Union President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income _____ 7 b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

8-10-05

Date

618-942-3931

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name I.U.O.E. Local 318 Joint Apprenticeship Training Program
 Trade Name, if any Operating Engineers
 P.O. Box, Bldg., Room No., if any P.O. Box 308
 Street 8963 Crenshaw Road
 City Marion
 State Illinois ZIP Code + 4 62959

9. Business deals with.

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10. If 9 b or 9 c is checked give trust or employer's name

Name _____
 Trade Name, if any _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

11 a. Nature of such dealing

The Fund receives payments from employers through negotiations for Union Employees.

11 b. Approximate dollar value of such dealing \$277,726.00

12 a. Nature of interest held or income received.

I receive a weekly salary, plus benefits from the Apprenticeship Fund based on an hourly rate. I receive no payment for duties as President of Local 318.

12 b. Amount. \$94,737.50 (Salary & Benefits)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
 Trade Name if any _____
 P O Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a. Nature of payment.

13 b. Is the Business an Employer or Consultant ?

14 b. Amount of payment.